CITY OF FAYETTEVILLE ALCOHOLIC BEVERAGE FEE SCHEDULE

Application Fees

- 1) Licensee---\$200.00 (Retail/Convenience stores)
- 2) Licensee---\$300.00 (Consumption on Premise)
- 3) Licensee---\$24.00 (Certified Check or Money Order made payable to GBI, to be paid at Police Dept. at time of fingerprinting)
- 4) Employee Permit---\$20.00
- 5) Wholesale---\$200.00

License Fees----Consumption on the Premises

- 1) Liquor---\$5,000.00
 Plus three percent (3%) of liquor sales to be paid monthly
- 2) Beer, Wine & Liquor---\$7,000.00 Plus three percent (3%) of liquor sales to be paid monthly
- 3) Beer & Wine---\$2,000.00
- 4) Beer Only---\$1,000.00
- 5) Wine Only---\$1,000.00
- 6) Catering---\$250.00 (plus \$25 permit for each event)

License Fees----Retail/Convenience Stores

- 1) Beer---\$500.00
- 2) Wine---\$500.00

PLEASE NOTE: STATE ALCOHOL LICENSE ALSO REQUIRED FOR SELLING/SERVING ALCOHOL. THE STATE REQUIRES A COPY OF THE LOCAL (CITY) ALCOHOL LICENSE BEFORE ISSUING A STATE ALCOHOL LICENSE.

ZONING DEPARTMENT MUST VERIFY THAT DISTANCE REQUIREMENTS FOR SELLING/SERVING ALCOHOL ARE MET.

CITY OF FAYETTEVILLE

REQUIRED VERIFICATION FOR ALCOHOL LICENSE

Business Name:			
Business Address:			····
Is location in compliance w sales/serving of alcohol?	ith distance requ	airements of the Ci	ty Ordinance for
3	Yes	No	
Signature of Building Offici	ial:	· · · · · · · · · · · · · · · · · · ·	
Does this location meet the and Zoning Ordinance?	conditions of th	ne applicable provi	sions of the City Planning
	Yes	No	
Signature of Zoning Officia	1.		

CITY OF FAYETTEVILLE ALCOHOL LICENSE APPLICATION

		CATION SECTION
2	Enter state taxpayer identifier (STI) here: Name of Licensee:	Social Security Number:
2	Name of Licensee:	Social Security Number:
		Date of Birth:
3	Is Licensee a Corporation? Yes	
	If "yes", name and address of Registered Agen	t:
4	Legal Business Name and address:	
•	Logar Daoiness Harris and address.	
	General Manager Name:	
5	License Year for which Application is made:	FORMATION SECTION
6	When did you or will you begin selling alcoholic	
	beverages for which this application is made?	
7	Type of License: (Check all that apply)	
	Retail/Convenience Stores (check all telephone)	that apply) (Total application fee \$200.00)
	Beer - Application Fee \$200.00 &	
	Wine - Application Fee \$200.00 &	
	0) 0	N
	2) Consumption on Premise (Pouring) (C Beer - Application Fee \$300.00 &	Check all that apply) (Total application fee \$300.00)
	Wine - Application Fee \$300.00 &	
	Liquor - Application Fee \$300.00 &	License Fee \$5,000.00
	3) Off Premise Catering - \$250.00 Lic	enco Fee
8	Type of Business: (check one)	: : : : : : : : : : : : : : : : : : :
		stores Wholesale Stores Catering
		100.0.1
9	Do you comply with the distance requirements Yes No ZONING DEPT. VE	
		TORY CONSENT FORM
10	[,	, hereby give my permission to the
		print me, also authorize the City of Fayetteville Police c for the purpose of investigating my background in
	order to obtain an Occupational License to ope	rate a place of business handling Alcoholic Beverages.
		TURE SECTION
11	I declare under penalty of perjury that this appli knowledge and belief is true, correct and comp	cation has been examined by me, and to the best of my
	Anowedge and belief is tide, correct and comp	1010.
<u>'</u>	Signature	Title Date
	(Must be signed by licensee. If the licensee is a	a corporation, must be signed by an officer of the
	corporation. Stamped signature not acceptable)
	L horoby cortify that	is personally known to me, that said
	applicant signed the foregoing application after	stating to me personal knowledge and understanding
	of all statements and answers made herein, an	d, under oath actually administered by me, has sworn
	that said statements and answers are true.	
	This,,	
	, , , , , , , , , , , , , , , , , , , ,	Notary Public
1	AFFIX OF AL	
	AFFIX SEAL	
12		FICE USE ONLY
	Check all that apply:	
	BeerWineLiquor	_ Catering
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CITY OF FAYETTEVILLE PERSONNEL STATEMENT

(Please Type or Print)

This form must be completed by the following persons and submitted with all alcohol license applications: (1) licensee; (2) anyone with an ownership interest in the business, either direct or indirect; and (3) in the case of a corporation, the president, vice president, secretary and treasurer. <u>EACH QUESTION MUST BE FULLY ANSWERED</u>. If additional space is required, attach an additional sheet of paper.

1	Last Name	1	First	М	Social Security No.
					-
2	D (CDi-th /	, ,		Mala	Carrole.
<u> </u>	Date of Birth / Home Address (Do not u		ace	Male	Female
3	Home Address (DO NOL O	ise F.O. Dux)			
-	City		State	Zip	Home Phone
	-			•	()
4	Address for Day Contact	(Do not use P.O	. Box)		
	City		State	Zip	Daytime Phone
<u> </u>	No. 't-1 Otobio	Ĉil-	Married	Divorand	
5	Marital Status If Married, spouse's nam				tv. No
6	If Married, spouse's nam Are you a resident of Ge	orgia? Yes	No If "ves	". how long? Yea	rs Months
7	Have you ever been arre	sted. indicted. or	convicted for any	offense by any st	ate, county, city, federal or
	foreign governmental aut	thority? Yes	_ No If "yes	s", give full details.	Do NOT include minor
1 1	traffic violations. Give rea	asons charged o	r held, date, place	where charged ar	nd disposition. FAILURE
\	TO MAKE FULL DISCLO			QUESTION MAY R	ESULT IN DENIAL OR
	SUBSEQUENT REVOCA	ATION OF THE L	ICENSE.		
1					
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1					, , , , , , , , , , , , , , , , , , ,
8					iness in this or any other
	state in which the alcoho				
					his own name or when he
	has a legal, equitable or financial interest, or deriv	otner ownersnip res economic ber	interest in, or has	any legally enforce	eable interest or has
1 1	YesIf	"ves", complete	the following:	CONTION OVER A DUST	11633.)
) ab , abp.a.c	alo lonog.		
1 1	Alcohol License No.		% And Typ	e Interest	Ì
1 1					ţ
	Legal Business Name:				,
	Trade Name/DBA Name:				
	ITage Nameroda Name.				1
	Number and Street	 			
	Training and an art				
	City	County		State	Zip
	•	•			·
! [Describe what action w	vas taken:			
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ļ	Signature Section	
	Before signing this statement, check all answers and explanations to see that you have answered all questions fully, completely and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets herewith. Stamped signature is not acceptable.	
	I,, do solemnly swear, subject to the penalties of false swearing, that the statement and answers made by me in the foregoing personnel statement are true and correct. Also, I hereby authorize the Fayetteville Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.	
	Signature	
	I hereby certify thatsigned his name to the forgoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.	
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CERTIFICATE OF RESIDENCE FOR RETAIL LICENSE APPLICANTS ONLY

STATE OF GEORGIA,	COUNTY:	
I,Cou is a bona fide resident of the evidence submitted therewith.	nty, Georgia, hereby certify that _ e State of Georgia, based upon the	dge of the Probate Court for e affidavit of applicant, and the
IN WITNESS WHER Probate Court, thisday	EOF, I have hereunto set my har	nd and affixed the seal of said
		Judge of the Probate Court
		County, Georgia

(AFFIX SEAL)

NOTICE OF PUBLIC HEARING OFF PREMISE CONSUMPTION

Application has been made by the undersigned requesting the issuance of a license to sell Malt Beverages and/or Wine for Off Premise Consumption at the following location:

Business Name: _	
Business Address:	
Applicant's Name (Please Print)	•
	ll be heard by the Mayor and Council of the City of y Hall, 240 South Glynn Street, during a public hearing to
Month	,, at 7:30 p.m.
Applicant's Signat	ure:
To Be Advertised:	
	Fax to: Fayette County Daily News
	Attention: Lynn Crittenden

770-460-8172